DATE TO SPE OF : ART UNIT ### SUBJECT: Request for Certificate of Correction for Appl. No. ### 103/689 97 Please respond to this request for a certificate of correction within 7 days. Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. What Apply Als All Applicant & Albrony want to know a status. Gapticular the drawings. This is may to the formal forward the completed response to scanning using document code COCX. Thank You For Your Assistance The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. Approved State the reasons for denial below. Comments: Denied State the reasons for denial below.		SPE RESPONS	E FOR CERTIFICATE OF COR	RECTION
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